MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07360

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St. MARYS — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLEY
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY St MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLEY
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) THOMAS (Last) ARMSTRONG

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 1953

5. SEX: M

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: JULY 4 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months — Days 12 IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) FARMING

10b. KIND OF BUSINESS OR INDUSTRY: TENNANT

11. BIRTHPLACE (State or foreign country): St. MARYS CO. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BERNARD ARMSTRONG

14. MOTHER'S MAIDEN NAME: BELL WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: ANNIE E. ARMSTRONG

18. MEDICAL CERTIFICATION OAKLEY - Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cardiac arrest (Adams Stokes Syndrome) DUE TO — Interval Between Onset And Death: Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio sclerotic Cardio vascular disease DUE TO — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1952, to July 16, 1953, that I last saw the deceased alive on July 2 1953, and that death occurred at 11:40 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Luther, MD — ADDRESS Mechanicsville, Md — DATE SIGNED 7/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 7-18-53 — NAME OF CEMETERY OR CREMATORY SACARED HEART — LOCATION (City, town, or county) BUSHWOOD — (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/17/53 — REGISTRAR'S SIGNATURE Annalies

24. FUNERAL DIRECTOR Jos. C. Martin — ADDRESS Leonardtown, Md

RECEIVED
JUL 20 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

.07361

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY St. Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville; STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Ninian (Middle) Pinkney (Last) Barber

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 9/4/1885

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Chapman Billington Barber

14. MOTHER'S MAIDEN NAME: Mary J. Forrest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY No.: -----

17. INFORMANT: Ninian P. Barber Jr. - Lexington Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cachexia, hemorrhage

177X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma prostate

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to July 21, 1953, that I last saw the deceased alive on July 20, 1953, and that death occurred at 5:30 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Roy Gunther, MD ADDRESS Mechanicsville Md DATE SIGNED 7/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 7/23/53; NAME OF CEMETERY OR CREMATORY: St. Joseph Cemetery; LOCATION (City, town, or county): Morganza, (State): Md.

DATE REC'D BY LOCAL REG. 7/22/53; REGISTRAR'S SIGNATURE Carmelin

24. FUNERAL DIRECTOR: P.B. Robinson - Leonardtown, Md. ADDRESS

RECEIVED
JUL 27 1953
BUREAU V. S.

07362

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Bernard (Last) Buckler
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 7, 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months 3 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Oil Truck
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bernard Buckler
14. MOTHER'S MAIDEN NAME: Jame Cusic

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs Bernard Buckler Mechanicsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: immed.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic CV disease — 8 yrs

DUE TO

(c) Diabetes mellitus

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Guyther, MD
ADDRESS Mechanicsville
DATE SIGNED 7/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 4-53
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) (State) Morganza Md

DATE REC'D BY LOCAL REGISTRAR 7/31/53
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR Jos C. Mattingley
ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07363

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Manley (Last) Dunn

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1953

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 22-1902
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months 6 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Diesel Engine man
10b. KIND OF BUSINESS OR INDUSTRY: 213-10-9794
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Thomas Dunn
14. MOTHER'S MAIDEN NAME: Carrie Agnes Wallace Pearl Dunn Leonardtown, Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 213-10-9794
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162 X

Immediate cause (a) Pneumonia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchiogenic CA. — 2 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paraplegia (Metastatic) — 3 months

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 15, 1951, to July 2, 1953, that I last saw the deceased alive on July 2, 1953, and that death occurred at 5.10 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS Leonardtown DATE SIGNED 7/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 4-53
NAME OF CEMETERY OR CREMATORY St. Aloysius
LOCATION (City, town, or county) Leonardtown (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/3/53
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07364

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location) R. F. D # 1

3. NAME OF DECEASED: (Type or Print) (First) Parran (Middle) A (Last) Graves

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 14 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months 9 Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tent Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Peter Graves

14. MOTHER'S MAIDEN NAME: Teresa Hayden

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Harold Graves Leonardtown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset And Death 10 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arthritis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1953 to July 14, 1953, that I last saw the deceased alive on July 13, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Marion A. Cavalier MD ADDRESS Leonardtown Md DATE SIGNED 7/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 16-53

NAME OF CEMETERY OR CREMATORY Sacred Heart

LOCATION (City, town, or county) Bushwood (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/15/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

VS. A15

RECEIVED
JUL 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (35

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Ann (Last) Gray

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 27, 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months 5 Days 6 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Pilkerton
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Albert J. Gray Shaptico, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
334 X

Immediate cause (a) Pneumonia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hemaplegia — 9 wks

DUE TO

(c) Hypertension — 10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/20, 1953, to 7/2, 1953, that I last saw the deceased alive on 7/1, 1953 and that death occurred at 5.20 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) [signature] MD ADDRESS Leonardtown DATE SIGNED 7/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 4-53 NAME OF CEMETERY OR CREMATORY St Joseph LOCATION (City, town, or county) Morganza (State) Md.
DATE REC'D BY LOCAL REGISTRAR 7 3 53 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 356

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Mary's | MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Leonardtown | LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) A. Van West (Last) Greenwell
4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1953
5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Aug 1-1891 | 9. AGE last birthday: 61 yrs. | IF UNDER 1 YEAR: Months — Days — | IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Francis Morgan
14. MOTHER'S MAIDEN NAME: Mary Kelly Williams

15 WAS DECEASED EVER IN U S ARMED FORCES (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY No: —
17. INFORMANT & ADDRESS: Dr. T. F. Greenwell - Leonardtown Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death 2 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertension Cardiovascular disease 5 yrs
DUE TO
(c) Diabetes Mellitus 8 yrs

(26 X)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to 7/1/53, 19, that I last saw the deceased alive on 7/1, 1953, and that death occurred at 7.50 a.m. from the causes and on the date stated above.
SIGNATURE (Doctor or title) Ray Smythe, MD
ADDRESS Mechanicsville, Md
DATE SIGNED 7/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 3-1953
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) Ash Wood (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 7/2/53
REGISTRAR'S SIGNATURE Accepted
24. FUNERAL DIRECTOR Jos C Mattingly
ADDRESS Leonardtown Md.

VS. A15

RECEIVED
JUL 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7367

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural give location) R. F. D. # 1

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) Aloysius (Last) Hebb
4. DATE OF DEATH: (Month) July (Day) 17 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 5 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months 3 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George W. Hebb
14. MOTHER'S MAIDEN NAME: Elizabeth Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Alex G. Hebb Holly Wood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) General arteriosclerosis — 6 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thrombosis — 4 years

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1949, to 7-17-, 1953, that I last saw the deceased alive on 7-16-, 1953, and that death occurred at 5.15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) P. J. Bean M.D. ADDRESS Great Mills DATE SIGNED 7-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 20-53
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) (State) Holy-wood Maryland

DATE REC'D BY LOCAL REGISTRAR 7-17-53
REGISTRAR'S SIGNATURE P. J. Bean, M.D.
24. FUNERAL DIRECTOR Jos. C. Mattingley ADDRESS Leonardtown Md

RECEIVED
JUL 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C8

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly-wood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) (Last) Kelly

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 24 1953

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. 10

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James F Kelly

14. MOTHER'S MAIDEN NAME: Jane Valois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: James F Kelly Holly-wood, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity — Interval Between Onset And Death: 10 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27 ..., 1953, to 7/27 ..., 1953, that I last saw the deceased alive on 7/27 ..., 1953, and that death occurred at 830 A.M., from the causes and on the date stated above.

SIGNATURE Robert F. Fuchs (Degree or title) M.D. ADDRESS Leonardtown Md. DATE SIGNED 7/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — DATE THEREOF July 27 1953 — NAME OF CEMETERY OR CREMATORY St Johns — LOCATION (City, town, or county) Holly-wood — (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-27-53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Jos. L Mattingly — ADDRESS Leonardtown, Md

20732336V

VS. A15

RECEIVED
JUL 29 1953
BUREAU V. S.

Item 18 Film G147 8-7-53 ams
x20

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary USNAS Patuxent River, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Virginia COUNTY Ohio
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wheeling
STREET ADDRESS (If rural give location) RD # 4 Box 189

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Paroline
4. DATE OF DEATH: (Month) 7- (Day) 19 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7-19-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 39

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Joseph PAROLINE
14. MOTHER'S MAIDEN NAME: Patricia Mae SPENCER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father Radio Repair VR 1 USNAS PAX RV MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ~~Diagnosis undetermined, pending autopsy~~ Bilateral Atelectasis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bilateral Pleural Effusion
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. ~~[illegible]~~ death occurred at 4:30 PM, from the causes and on the date stated above.

(SIGNATURE) R. R. HANSEN (Degree or title) LT. MC USN ADDRESS Infirmary USNAS Patuxent River Md DATE SIGNED 7-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 7-20-53
NAME OF CEMETERY OR CREMATORY To Bethesda Hospital for autopsy
LOCATION (City, town, or county) (State) Bethesda Md

DATE REC'D BY LOCAL REGISTRAR 7-20-53
REGISTRAR'S SIGNATURE pg Bean, M.D. Local Registrar
24. FUNERAL DIRECTOR U.S. Navy Patuxent River, Md. ADDRESS

2073221364

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 21 1953
BUREAU

Item 18 Film G156 7-2[illegible]-53 ags

FOR MEDICAL EXAMINER

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY St. Mary's County, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital	STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print)	(First) Rose	(Middle) Bertha	(Last) Reed	4. DATE OF DEATH	(Month) July	(Day) 4th,	(Year) 1953
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 12 July, 1914	9. AGE last birthday 38 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME William Stewart	14. MOTHER'S MAIDEN NAME Jennie Buckley						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) — — —	16. SOCIAL SECURITY NO. 217-32-2013	17. INFORMANT AND ADDRESS Joseph I. Reed (husband), Mechanicsville, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

215X Immediate cause (a) Hemorrhagic tumor — 1 day

Antecedent cause(s) Benign (b) Fibroid tumor of uterus — 2 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tears in base of tumor

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While at Work ☐	HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Dead when first seen, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [illegible] M.D. ADDRESS Leigh Park, Md DATE SIGNED 7/4/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7 July, 1953	NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery	LOCATION (City, town, or county) (State) Morganza, Maryland.
DATE REC'D BY LOCAL REG. 7/[illegible]/53	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR P. B. Robinson, Leonardtown, Maryland.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

RECEIVED
'UL 8 1003
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dameron — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY StMarys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dameron
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Harvey	Trossback	7	21	53 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	married	4/2/1910	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	General Store	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas J. Trossback	Blanch M. Catton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no **	--	Mollie E. Trossback - Dameron, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Heart failure

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

(c) Coronary thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-17, 1953, to 7-21, 1953, that I last saw the deceased alive on 7-21, 1953, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert T. Thibadeau	M.D.	Lexington Park Md	7-22-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/23/53	St. Michaels Cemetery	Ridge, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/22/53		P. B. Robinson	Leonardtown, Md.

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07372

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Thomas (Last) VALLEE

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-4-99

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired - U. S. Navy

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Hampshire

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: U. S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Infarction of myocardium — Interval Between Onset And Death: Instantly

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic coronary thrombosis

DUE TO (c) Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2230, from the causes and on the date stated above.

SIGNATURE W. H. LEDE (Degree or title) LT MC USNR ADDRESS U. S. Naval Sta., Patuxent River, Md. DATE SIGNED 7-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 21 July, 1953

NAME OF CEMETERY OR CREMATORY Arlington Nat'l. Cemetery

LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 7/19/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR P. B. Robinson, Leonardtown, Maryland. ADDRESS

VS. A15

RECEIVED
JUL 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07373

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

COUNTY St Mary's MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico

LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY St. Mary's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) ~~[illegible]~~ (Last) Yorkshire

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1953

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 26 1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Mill

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Yorkshire

14. MOTHER'S MAIDEN NAME: Annie Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 717-16-6205

17. INFORMANT & ADDRESS: Eleanor Yorkshire Chaptico, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Uremic Poisoning — Interval Between Onset And Death: 6 months

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio Homicidae Renal disease — 5 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to July 7, 1953, that I last saw the deceased alive on July 6, 1953, and that death occurred at 9.00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M D ADDRESS Leonardtown DATE SIGNED 7/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 10-1953

NAME OF CEMETERY OR CREMATORY St. Joseph

LOCATION (City, town, or county) Morganza (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/9/53

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115 T

RECEIVED
JUL 13 1953
BUREAU V. S.